

Parsippany - Troy Hills



1130 Knoll Road
Lake Hiawatha, NJ 07034
Tel: (973) 263-7160 Fax: (973) 299-1349

HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

APPLICATION FOR DEMOLITION PERMIT

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

ADDRESS AND LOCATION OF DEMOLITION:

BLOCK _____ LOT _____

NAME OF LICENSED EXTERMINATOR: _____

ADDRESS: _____

NOTE: Submit letter from licensed exterminator. Letter must include date of initial treatment and date of re-inspection indicating no activity observed. Dates must be at least 10 days apart.

NAME OF WASTE DISPOSAL FACILITY: _____

ADDRESS: _____

STATE: _____

NAME AND ADDRESS OF CARTER, IF WASTE NOT TRANSPORTED BY APPLICANT.

SIGNATURE OF APPLICANT

APPROVED BY: _____ DATE: _____

Health Department Demolition Permit expires _____ (This is 90 days from Exterminators Date of no activity).